



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R5 / 10-17)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

46-18-14
**TOTAL PAGES IN ENTIRE CFA-11
REPORT**

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. Ronald (Ron) Meer			2. Committee Telephone Number (219) 874-2370		
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 105 Roberta Ave					
4. City Michigan City		State IN	ZIP Code 46360	5. Party Affiliation or If Independent Candidate Democrat	
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Mayor of Michigan City				7. County of Residence LaPorte	
8. Reporting Period (mm/dd/yy): From: 10/26/18 Through: 10/29/18					

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Classification INDV	1. Andrew Skwiat 0141 S Forrester Rd LaPorte, IN 46350 Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$1,500.00	10/26/18
Classification INDV	2. Edward Skwiat 0448 N Shebel Rd Michigan City, IN 46360 Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$1,500.00	10/26/18
Classification INC	3. Walsh and Kelly, Inc. 1700 E Main St Griffith, IN 46319 wa Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$1,000.00	10/26/18

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer 	Title Treasurer	Date (mm/dd/yy) 10/29/18
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10/29/18

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED IN CLERKS OFFICE
OCT 29 2018
 LA PORTE SUPERIOR COURT



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R5 / 10-17)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. Ronald (Ron) Meer		2. Committee Telephone Number (219) 8742370	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 105 Roberta Ave			
4. City Michigan City	State IN	ZIP Code 46360	5. Party Affiliation or If Independent Candidate Democrat
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Mayor of Michigan City			7. County of Residence LaPorte
8. Reporting Period (mm/dd/yy): From: 10/26/18 Through: 10/29/18			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Classification Other	1. Line Mullens Group Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$1,000.00	10/26/18
Classification LLC	2. NADR Group LLC 528 N Western Ave Chicago, IL 60612 Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$2,000.00	10/26/18
Classification INDV	3. Debra Ganus 15363 State Rd 23 Granger, IN 46530 Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$1,500.00	10/26/18

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer 	Title Treasurer	Date (mm/dd/yy) 10/20/18
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10/29/18

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

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OCT 29 2018

LA PORTE SUPERIOR COURT



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

410-18-14

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name Citizens to Elect Meer	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 874-2370
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 105 Roberta Ave.	
5. City, State, ZIP Code Michigan City, IN 46360	6. Party Affiliation (if applicable) Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Ronald "Ron" Alan Meer	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Mayor of Michigan City	10. County of Residence LaPorte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: 1/1/17 Through: 12/31/17	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	4213.82	
14. Cash on hand and investments January 1, current year.		10297.97

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	6050.00	6050.00
15b. Unitemized	550.00	550.00
15c. Add lines 15a and 15b in both columns	SUBTOTAL	6600.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	10813.82

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	455.85	455.85
17b. Unitemized	60.00	60.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	515.85
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	10297.97
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>[Signature]</i>	Title Treasurer	Date 1/11/18
Signature of Candidate (if applicable) <i>[Signature]</i>		Date 1/11/18

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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JAN 16 2018

LA PORTE SUPERIOR COURT

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Form 4606 (R13/11-05)
(IC 3-9-5-14)

State
Indiana Election Commission

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS**
**Itemized Contributions and Other
Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (*over \$200 if regular party committee*). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 6

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
Thomas Stevenson 2515 Lakeshore Drive Michigan City, IN 46460	Contributions: Direct X In-Kind <i>(describe)</i>	200.00	200.00	11/4/17
	Other Receipts: Interest Loan Misc. <i>(specify)</i>			
Alan Sirinek 2710 Franklin St Michigan City, IN 46360 Attorney	Contributions: Direct X In-Kind <i>(describe)</i>	200.00	200.00	11/4/17
	Other Receipts: Interest Loan Misc. <i>(specify)</i>			
Sammy Johns 415 Thurman Ave. Michigan City, IN 46360	Contributions: Direct X In-Kind <i>(describe)</i>	150.00	150.00	12/6/17
	Other Receipts: Interest Loan Misc. <i>(specify)</i>			
Andrew Skwiat 0141 S. Forrester Rd LaPorte, IN 46350	Contributions: Direct X In-Kind <i>(describe)</i>	1500.00	1500.00	11/11/17
	Other Receipts: Interest Loan Misc. <i>(specify)</i>			
Edward Skiwiat 0448 N Shebel Rd Michigan City, IN 46360	Contributions: Direct X In-Kind <i>(describe)</i>	1500.00	1500.00	11/1/17
	Other Receipts: Interest Loan Misc. <i>(specify)</i>			
SUBTOTAL THIS PAGE OF SCHEDULE A		3550.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Form 4606 (R13/11-05)
(IC 3-9-5-14)

State
Indiana Election Commission

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other
Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 3 of 6

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
Amber Lapaich 5023 W. Meritage Tr LaPorte, IN 46350 Attorney	Contributions: Direct X In-Kind <i>(describe)</i> Other Receipts: Interest Loan Misc. <i>(specify)</i>	500.00	500.00	11/1/17
Dennis Gates 400 E. Randolph Chicago, Il 60601	Contributions: Direct X In-Kind <i>(describe)</i> Other Receipts: Interest Loan Misc. <i>(specify)</i>	200.00	200.00	11/1/17
	Contributions: Direct X In-Kind <i>(describe)</i> Other Receipts: Interest Loan Misc. <i>(specify)</i>			
	Contributions: Direct X In-Kind <i>(describe)</i> Other Receipts: Interest Loan Misc. <i>(specify)</i>			
	Contributions: Direct X In-Kind <i>(describe)</i> Other Receipts: Interest Loan Misc. <i>(specify)</i>			
	Contributions: Direct X In-Kind <i>(describe)</i> Other Receipts: Interest Loan Misc. <i>(specify)</i>			
SUBTOTAL THIS PAGE OF SCHEDULE A		700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		4250.00		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Form 4606 (R13/11-05)
Commission (IC 3-9-5-14)

State
Indiana Election

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**
Itemized Contributions and Other
Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 4 of 6

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
IBEW PAC fund 2751 State Rd 39N LaPorte, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	300.00	300.00	
Horizon PAC 515 Franklin St Michigan City, IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	250.00	250.00	
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		550.00		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative receipts, (such as *loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (*over \$200 if regular party committee*).

FILE NUMBER

Page 5 of 6

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Marquiss Electric 203 E. Harrison St. Michigan City, IN 46360	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$1250.00	\$1250.00	12/7/17
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 1250.00		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

4606 (R13/11-05)
(IC 3-9-5-14)

State Form
Indiana Election Commission

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 6 of 6

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____			
code O Page Pop 8380 E. 109th St Crown Point, IN 46307	Web Design	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____	225.00	225.00	12/9/17
Code O Office depot 118 Dunes Plaza Michigan City, IN 46360	Printing	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____	230.85	230.85	9/28/17
		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			455.85		